



STATE OF MARYLAND

# DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

## June 21, 2013

### Public Health & Emergency Preparedness Bulletin: # 2013:24 Reporting for the week ending 06/15/13 (MMWR Week #24)

#### CURRENT HOMELAND SECURITY THREAT LEVELS

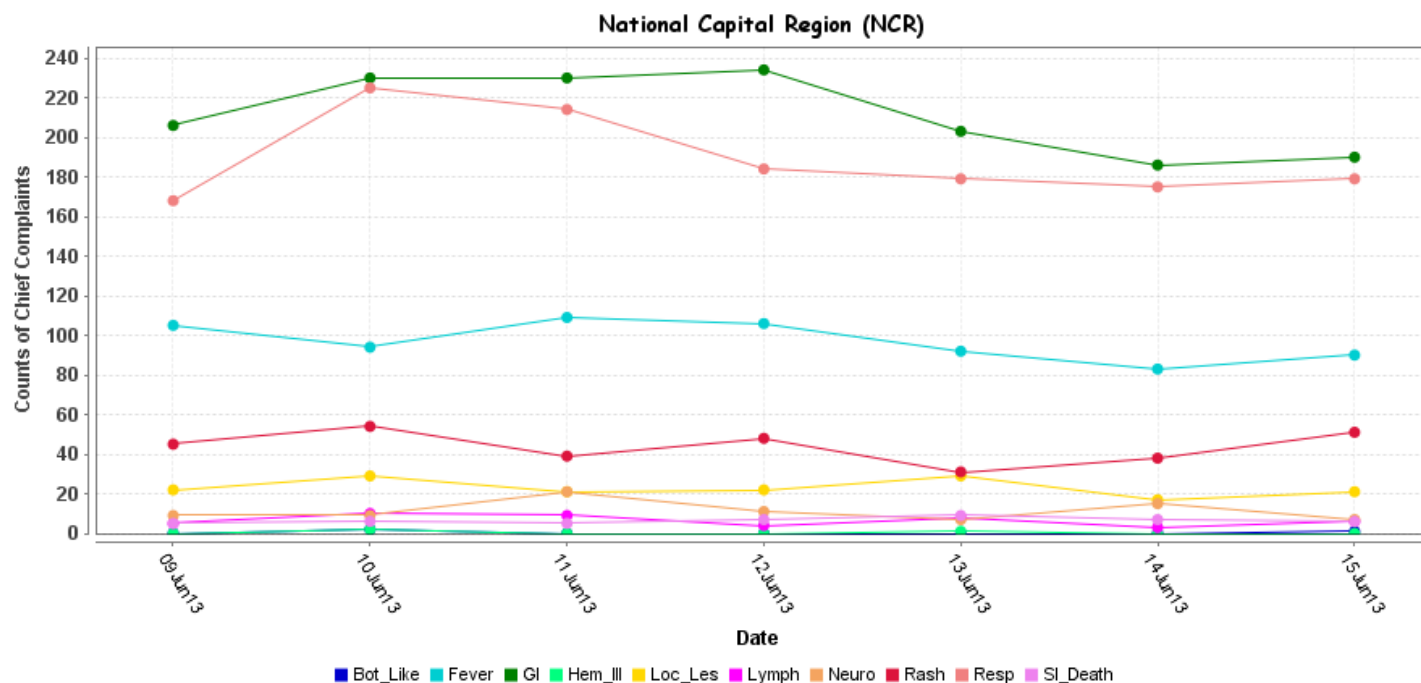
National: No Active Alerts  
Maryland: Level One (MEMA status)

#### SYNDROMIC SURVEILLANCE REPORTS

##### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

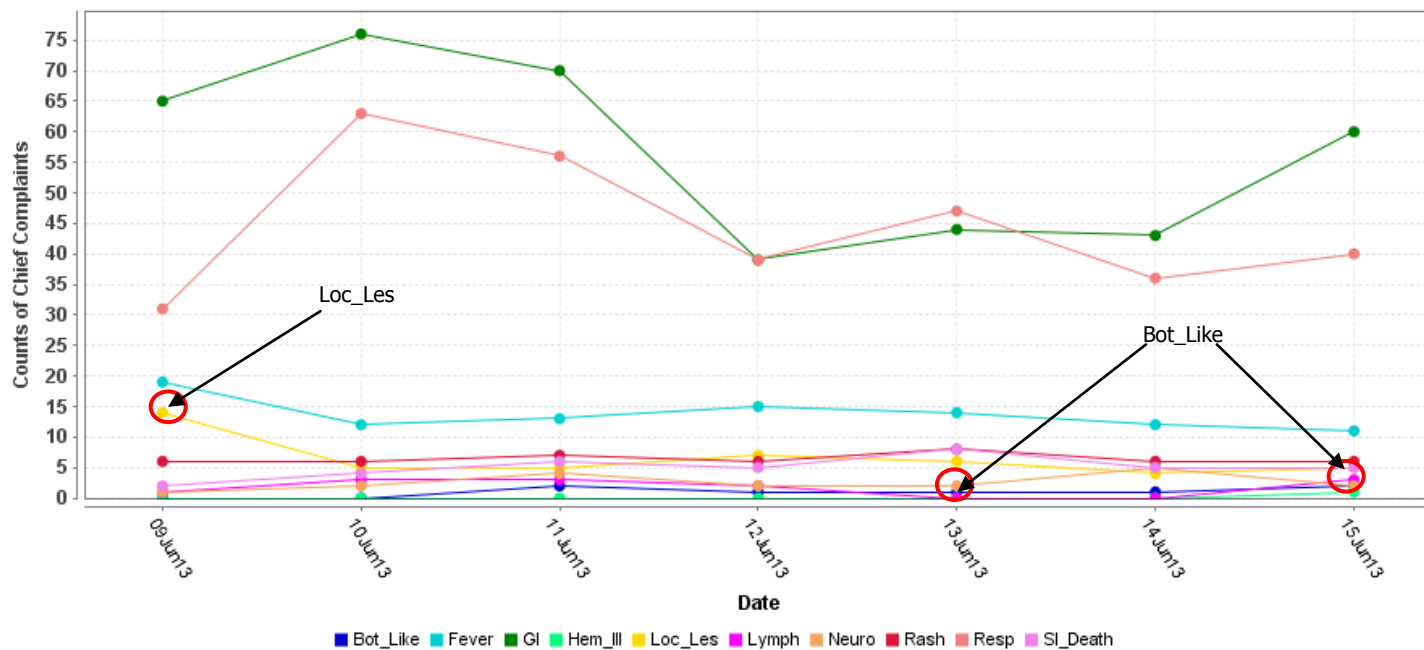
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



\*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

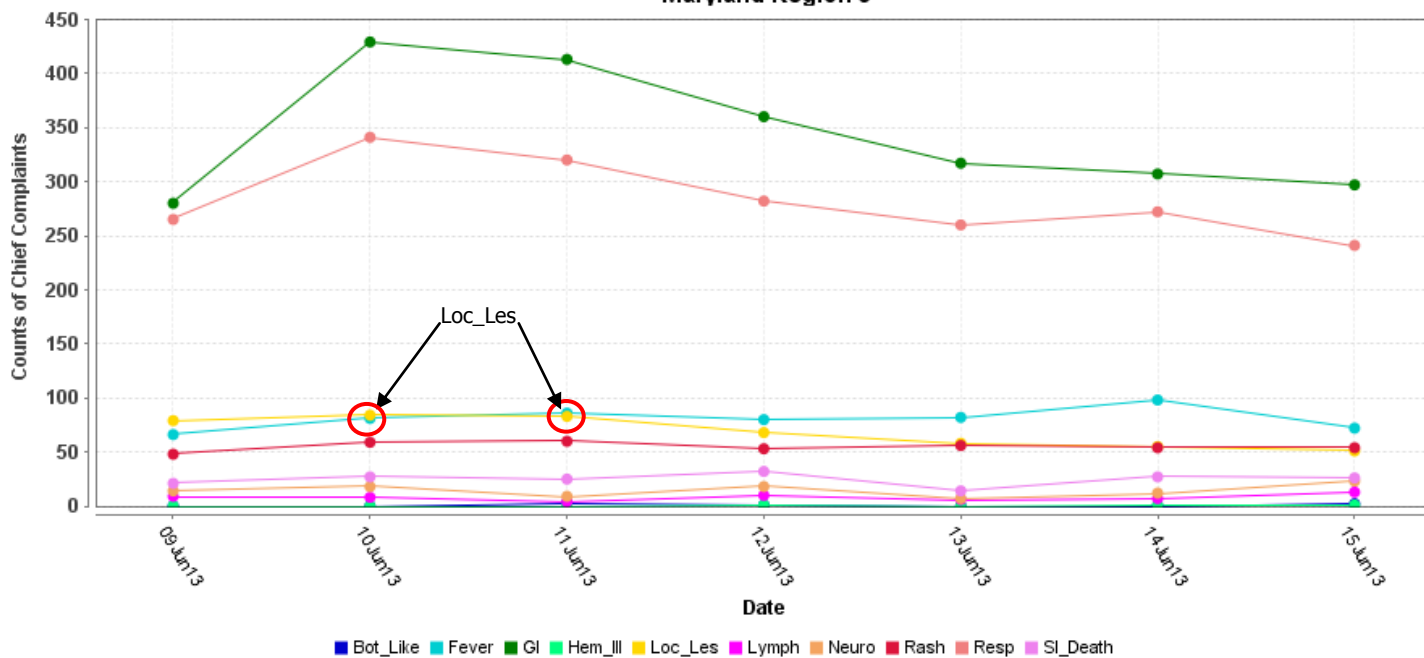
MARYLAND ESSENCE:

Maryland Regions 1 and 2

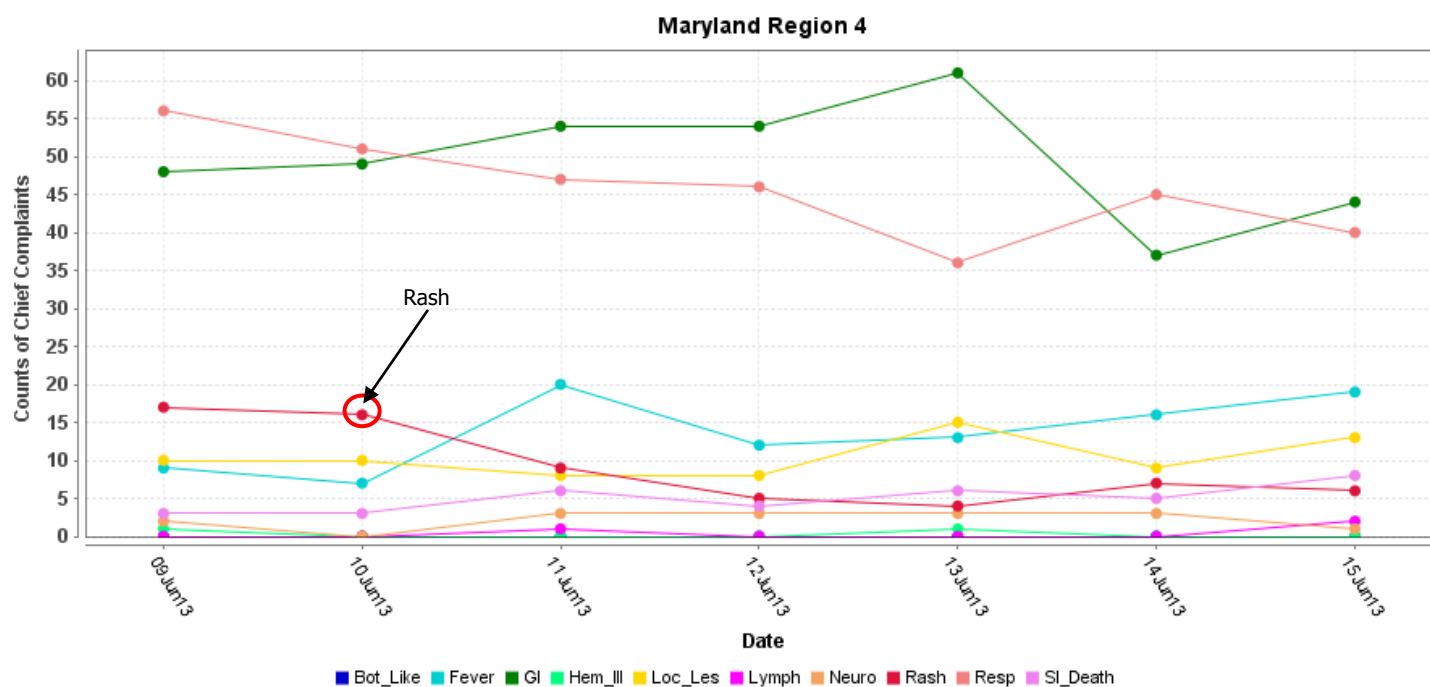


\* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE

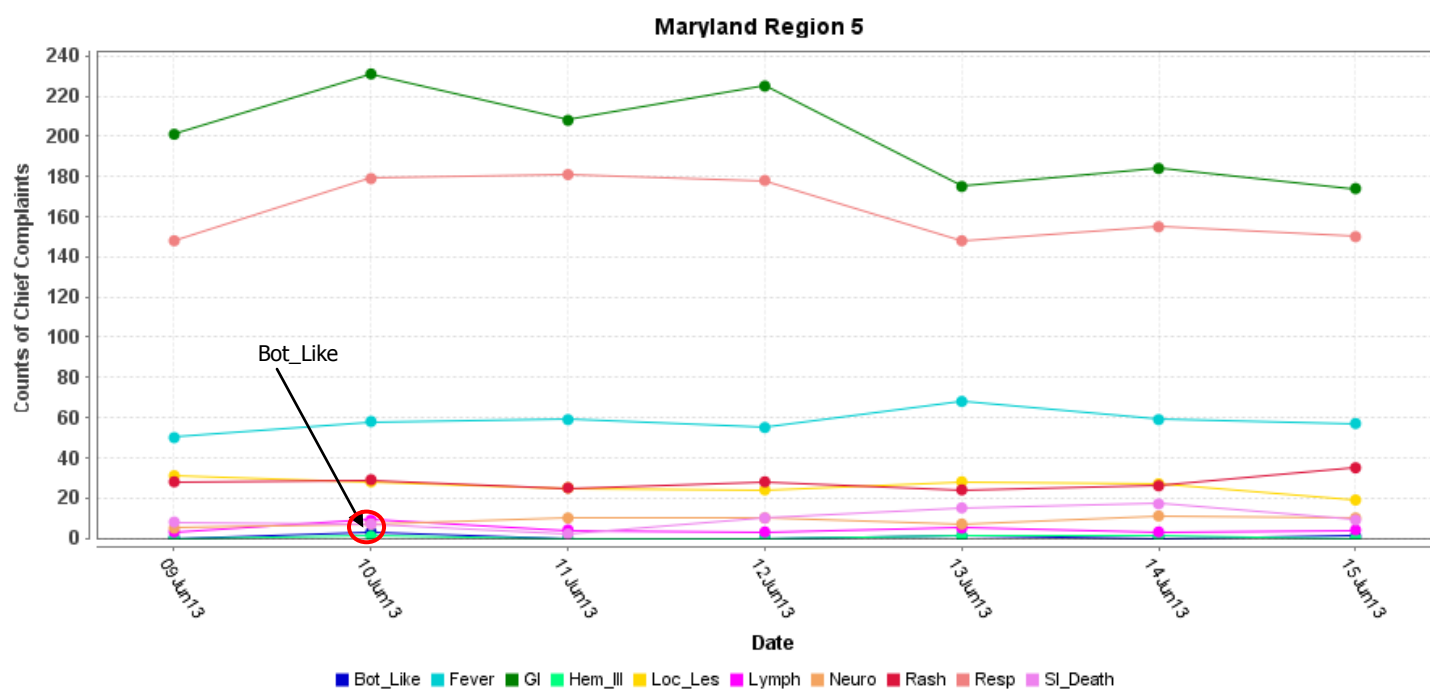
Maryland Region 3



\* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



\* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

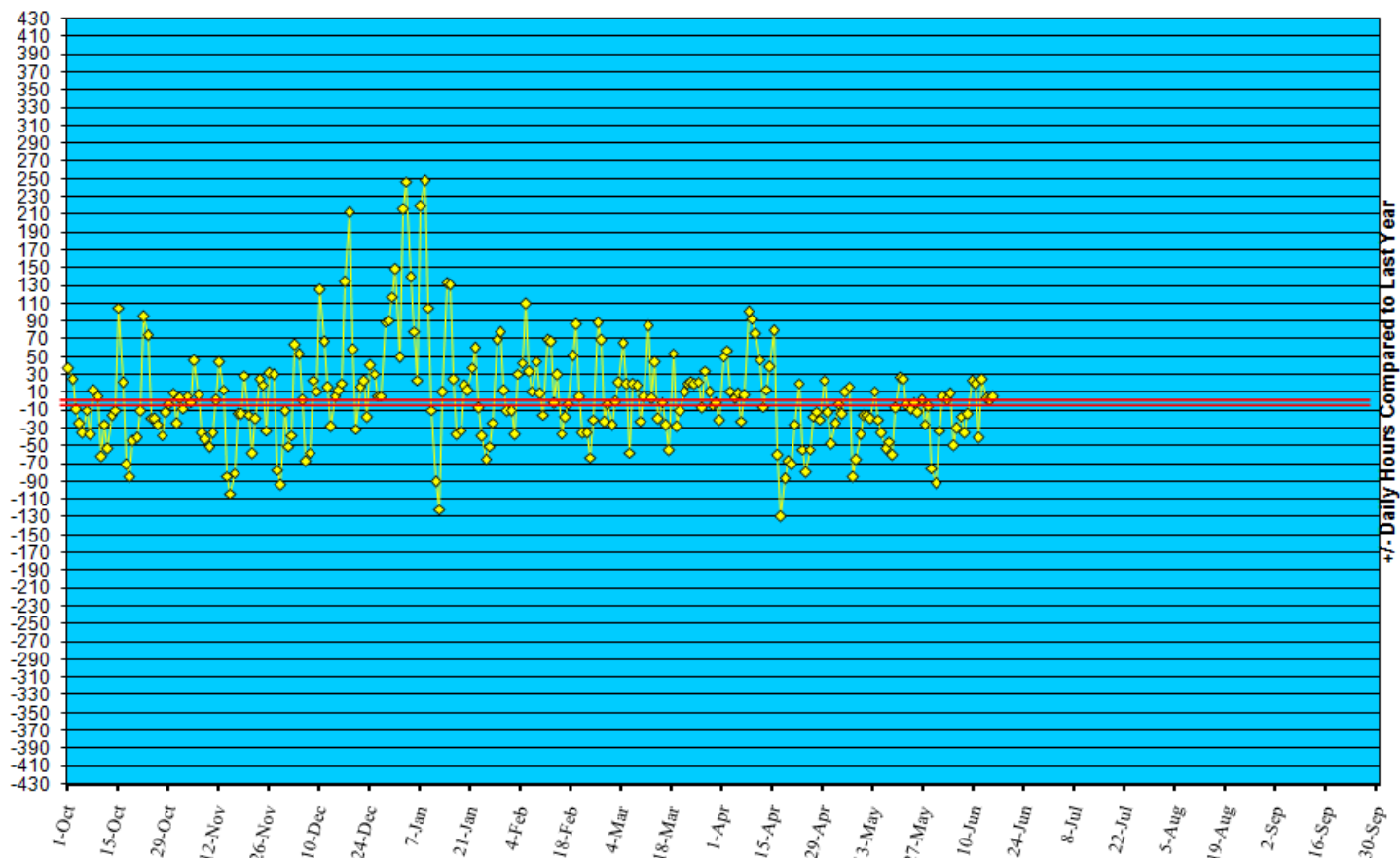


\* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

## **REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/11.

### **Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '12 to June 15, '13**



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to an emerging public health threat for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in May 2013 did not identify any cases of possible public health threats.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

#### **Meningitis:**

New cases (June 9 – June 15, 2013):

Prior week (June 2 – June 8, 2013):

Week#24, 2012 (June 11 – June 17, 2012):

#### **Aseptic**

13

7

7

#### **Meningococcal**

0

0

0

### 3 outbreaks were reported to DHMH during MMWR Week 24 (June 9 – June 15, 2013)

#### 1 Gastroenteritis outbreak

1 outbreaks of GASTROENTERITIS in an Assisted Living Facility.

#### 1 Foodborne outbreak

1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Private Home.

#### 1 Rash illness outbreak

1 outbreak of RASH ILLNESS associated with a Daycare Center.

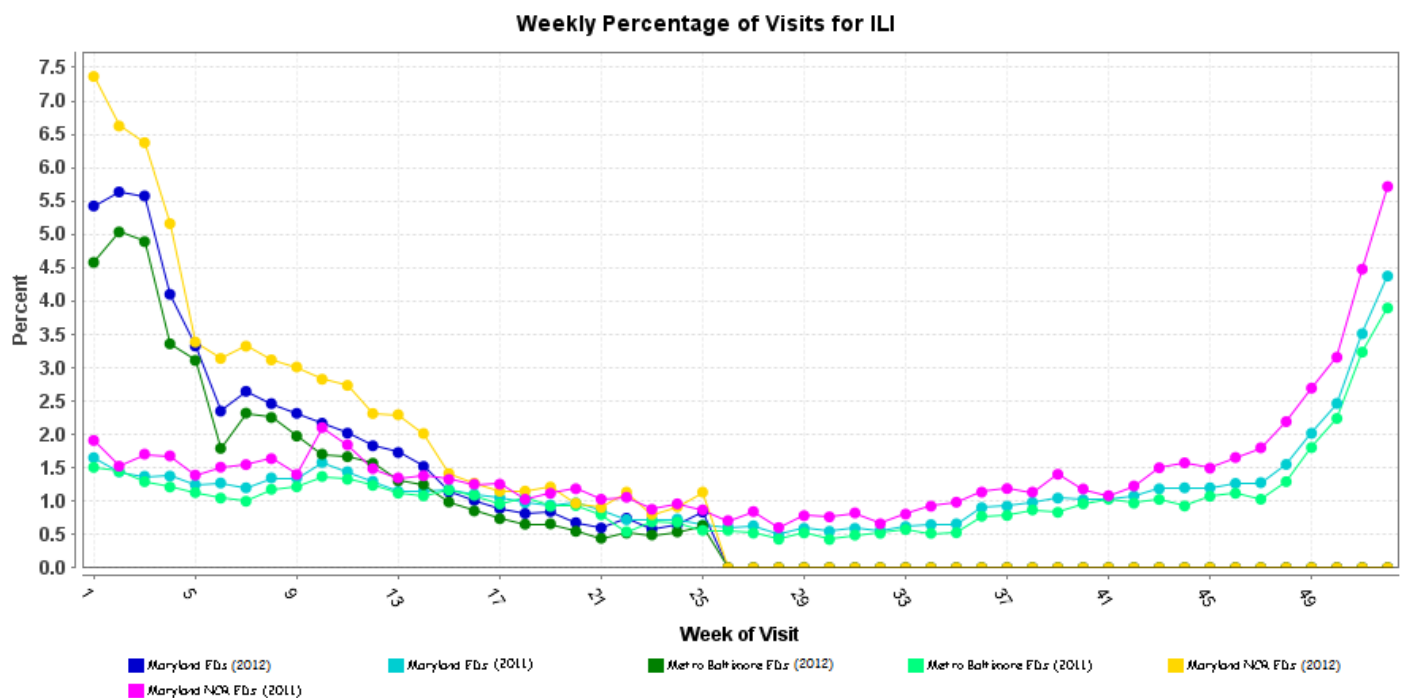
### **MARYLAND SEASONAL FLU STATUS**

Seasonal Influenza reporting occurs October through May.

### **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS**

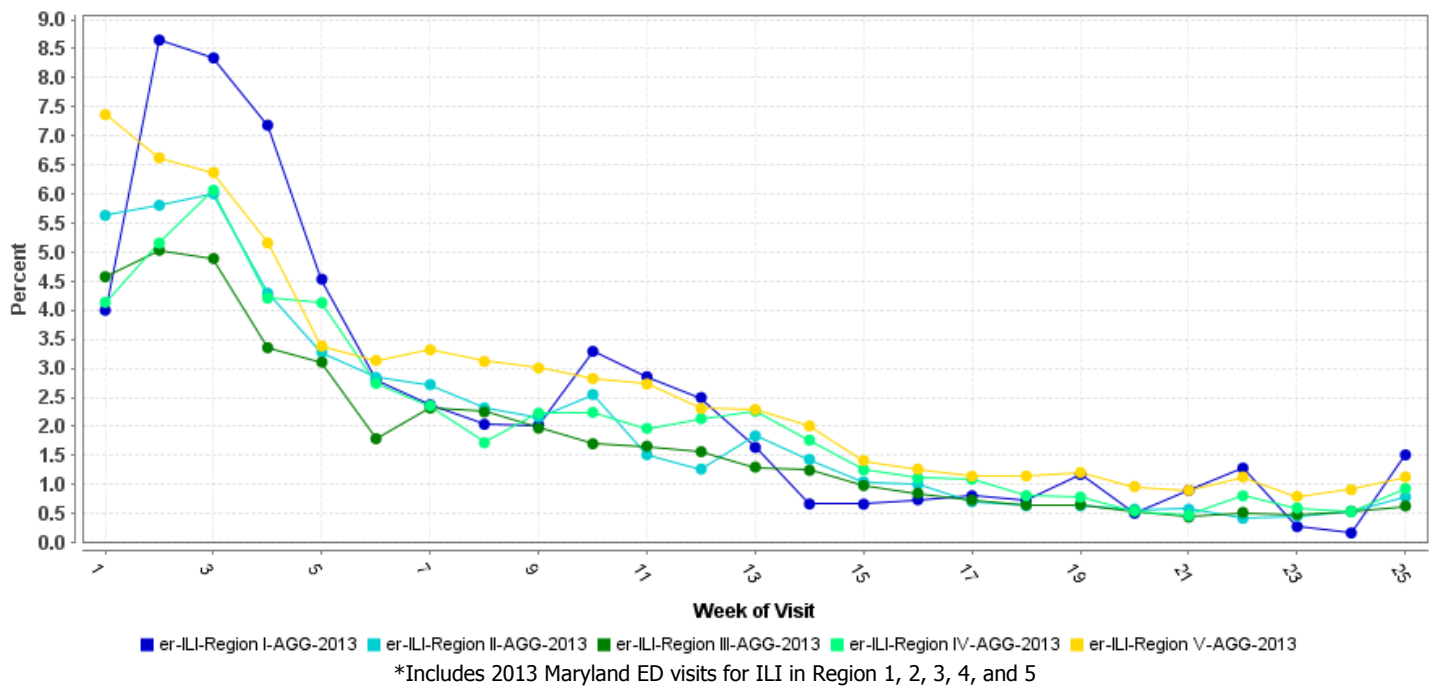
Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



\* Includes 2012 and 2013 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total

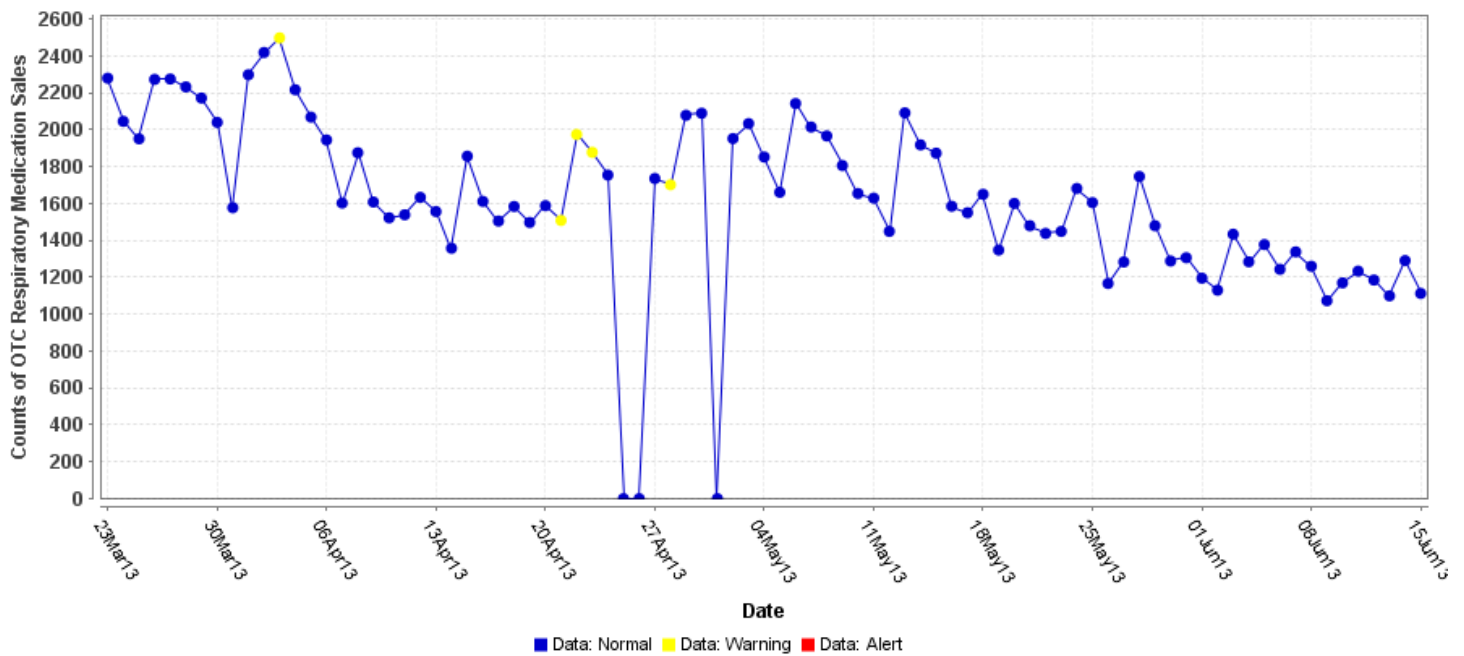
**Weekly Percentage of Visits for ILI**



#### OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.

**OTC Respiratory Medication Sales**



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far. Influenza A(H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of June 4, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 630, of which 375 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 60%.

## **NATIONAL DISEASE REPORTS\***

**PARALYTIC SHELLFISH POISONING (ALASKA):** 14 June 2013, A recent case of paralytic shellfish poisoning [PSP] is being investigated on Gravina Island [near Ketchikan]. A woman was hospitalized for suspected PSP on 28 May 2013, after consuming cockles and clams harvested on the island. Symptoms within a few minutes of eating included numbness in the lips, followed by tingling in the fingers and toes, and increasing numbness from her feet to her knees. The patient has since been released from the hospital. Lab results from the shellfish returned with incredibly high toxin levels. A mixture of the leftover clams and cockles returned a test result of 3409 microg/100 g (3409 parts per million/per 100 grams of weight). A 2nd sample was tested at 3148 microg/100 g. These are some of the highest saxitoxin levels ever recorded in Alaska shellfish. Anything above 80 microg/100 g is considered toxic. The Alaska Department of Health reminds the public that shellfish poisoning, or PSP, is an ever-present danger in locally harvested shellfish, including clams, mussels, cockles, and oysters. PSP can cause a tingling sensation in your lips and fingertips, followed by numbing of your arms and legs, and in some cases can lead to death. Anyone experiencing these symptoms should seek immediate medical care. Remember, PSP cannot be cooked or cleaned out of shellfish, but commercially grown shellfish is tested and considered safe. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**HEPATITIS A (USA):** 13 June 2013, The Centers for Disease Control and Prevention (CDC) says an outbreak of hepatitis A linked to a frozen berry mix sold at Costco has grown to 87 people with illnesses in 8 states. CDC said on Tuesday [11 Jun 2013] that illnesses have been reported in Arizona, California, Colorado, Hawaii, Nevada, New Mexico, Utah, and Washington. Townsend Farms of Fairview, Oregon last week [4 Jun 2013] recalled its frozen Organic Antioxidant Blend, packaged under the Townsend Farms label at Costco and under the Harris Teeter brand at those stores. So far the illnesses have only been linked to the berries sold at Costco. Craig Wilson, director of food safety at Costco, said the store is providing vaccinations for people who ate the berries within the past 2 weeks and is reimbursing others who have gotten the vaccine outside the store. The store has contacted about 240 000 people who purchased the berries at one of their stores, Wilson said. The company knows who bought the berries because purchases are linked to a membership card that customers present when they check out. The Food and Drug Administration is investigating the cause of the outbreak. CDC said the strain of hepatitis [A virus] is rarely seen in North or South America but is found in the North Africa and Middle East regions. Townsend Farms has said the frozen organic blend bag includes pomegranate seeds from Turkey. Hepatitis A is a contagious liver disease that can last from a few weeks to a several months. People often contract it when an infected food handler prepares food without appropriate hand hygiene. CDC said that food already contaminated with the virus can also cause outbreaks, as is suspected in this case. Illnesses occur within 15 to 50 days of time of exposure to the hepatitis A virus, CDC said. Symptoms include fatigue, abdominal pain, jaundice, abnormal liver tests, dark urine, and pale stool. Vaccination can prevent illness if given within 2 weeks of exposure, and those who have already been vaccinated are unlikely to become ill. CDC said the illnesses date back to mid-March [2013]. The same genotype of hepatitis A was identified in an outbreak in Europe linked to frozen berries this year and a 2012 outbreak in British Columbia related to a frozen berry blend with pomegranate seeds from Egypt. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**E. COLI EHEC (MASSACHUSETTS):** 13 June 2013, On 20 May 2013, we admitted a 53 year old woman with Escherichia coli O157:H7 [infection] who developed classic hemolytic uremic syndrome (HUS) while in hospital. Yesterday [11 Jun 2013], I became aware of 2 more cases. A 44 year old woman admitted on 6 Jun 2013 with colitis, with the same organism, and who developed HUS by 9 Jun 2013. On 11 Jun 2013, a 3rd woman, aged 41 years, entered the emergency department with florid HUS after several days of diarrhea and stool cultures identified with O157:H7. We notified the State Department of Public health of the HUS cluster. The demographics of this current cluster is similar to that of the German/French experience in 2011 with the new O104:H4 strain with enteroaggregative and Shiga toxin phenotype, E. coli O104:H4. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**SALMONELLOSIS, SEROTYPE TYPHIMURIUM (USA):** 11 June 2013, A total of 224 persons infected with the outbreak strain of Salmonella [enterica serotype] Typhimurium have been reported from 34 states. The number of ill persons identified in each state is as follows: Alabama (1), Arizona (5), California (6), Colorado (24), Florida (2), Georgia (3), Illinois (1), Indiana (7), Iowa (5), Kansas (13), Kentucky (1), Louisiana (6), Massachusetts (2), Minnesota (2), Mississippi (4), Missouri (16), Montana (1), Nebraska (10), Nevada (1), New Hampshire (1), New Mexico (13), New York (15), North Dakota (5), Oklahoma (9), Oregon (10), South Dakota (7), Tennessee (1), Texas (26), Utah (4), Vermont (1), Virginia (1), Washington (17), Wisconsin (2), and Wyoming (2). This outbreak of human S. Typhimurium infections is not related to the current outbreak of human S. Infantis, Lille, Newport, and Mbandaka infections linked to live poultry. Among those who reported the date they became ill, illnesses began between and 4 Mar 2013 and 20 May 2013. Ill persons range in age from less than one year to 81 years, and 62 per cent of ill persons are 10 years of age or younger. 51 per cent of ill persons are female. Among 141 ill persons with available information, 37 (26 per cent) have been hospitalized. No deaths have been reported. Epidemiologic, laboratory, and traceback findings have linked this outbreak of human S. Typhimurium infections to contact with chicks, ducklings, and other live baby poultry purchased from multiple feed stores and sourced from multiple mail-order hatcheries. Investigations are ongoing to determine the source of the live poultry linked to this outbreak. Always wash hands thoroughly with soap and water right after touching live poultry or anything in the area where they live and roam. Do not let live poultry inside the house. Additional recommendations are available. These recommendations are important and apply to all live poultry regardless of the age of the birds or where they were purchased. Mail-order hatcheries, agricultural feed stores, and others

that sell or display chicks, ducklings, and other live poultry should provide health-related information to owners and potential purchasers of these birds prior to the point of purchase. This should include information about the risk of acquiring salmonellosis from contact with live poultry. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**HANTAVIRUS (ARIZONA):** 10 June 2013, A woman from the Flagstaff area of Arizona has died from complications of hantavirus pulmonary syndrome (HPS), making her the 1st case of the serious, viral disease in Coconino County in 6 years, according to a Coconino County Public Health Services District [CCPHSD] news alert [7 Jun 2013]. According to health officials, it is unclear where the woman contracted the virus. The last reported case in Coconino County was in 2007 and the individual ultimately recovered. Hantavirus [infection causes] a potentially life threatening disease with symptoms similar to influenza is spread to humans by rodents. Rodents, especially deer mice [Peromyscus maniculatus], carry [Sin Nombre] hantavirus. The virus is found in their urine and feces, but it does not make the animal sick. It is believed that humans can get sick with this virus if they come in contact with contaminated dust from mice nests or droppings. You may come in contact with the dust when cleaning homes, sheds, or other enclosed areas that have been empty for a long time. "It is extremely important that the public takes precautions when entering and cleaning sheds, garages, campers, cabins, barns, and other buildings to protect themselves from HPS," said Randy Phillips, CCPHSD Environmental Services Division manager. Hantavirus does not spread between humans. The Centers for Disease Control and Prevention (CDC) divides the symptoms of hantavirus between "early" and "late" symptoms. Early symptoms include fatigue, fever, and muscle aches, especially in the large muscle groups -- thighs, hips, back, and sometimes shoulders. These symptoms are universal. There may also be headaches, dizziness, chills, and abdominal problems, such as nausea, vomiting, diarrhea, and abdominal pain. About half of all HPS patients experience these symptoms. At 4-10 days after the initial phase of illness, the late symptoms of HPS appear. These include coughing and shortness of breath, with the sensation of, as one survivor put it, a "tight band around my chest and a pillow over my face" as the lungs fill with fluid. HPS has a mortality rate of 38 per cent, according to CDC. Including this case, there have been 22 confirmed hantavirus [infection] cases in Arizona since 2006, with half of them resulting in death. (Emerging Infectious Disease are listed in Category A on the CDC List of Critical Biological Agents) \*Non-suspect case

### **INTERNATIONAL DISEASE REPORTS\***

**ANTHRAX (INDIA):** 14 June 2013, The number of suspected anthrax cases at Suleipala village [Angul district], about 60 km [37 mi] from [Angul], rose to 25 on [Wed 12 Jun 2013]. At least 16 people, including 5 women, affected by the disease have been admitted to SCB Medical College and Hospital in Cuttack. A medical team had also rushed to the village. Additional district medical [ADM] officer, Angul, Ganesh Prasad Dash said, "It is yet to be confirmed whether the disease is anthrax or not. Blood samples have been collected for testing. Report from SCB is awaited." A relative of an affected person, said, "Most of the people had consumed meat of cattle carcasses a few days back." [An affected 45 year old] said, "My palms have swollen and I am writhing in pain." "We have sent a special team to take stock of the situation in the village," said the ADM. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) \*Non-suspect case

**MERS-COV (SAUDI ARABIA):** 14 June 2013, Within the framework of the epidemiological surveillance of the novel coronavirus (MERS-CoV), the Ministry of Health (MOH) has announced that 3 new confirmed cases of this virus have been recorded. The 1st case is a Saudi citizen in Taif governorate, aged 65, who is suffering from chronic diseases, and still at ICU receiving the proper treatment. The 2nd one is a Saudi female citizen in Taif governorate, aged 68, who is suffering from chronic diseases as well, and still at ICU receiving the proper treatment. However, the 3rd case is a [male] resident, aged 46, in Wadi Al-Dawaser [Wadi ad-Dawasir], who passed away today [14 Jun 2013]. The MOH has pointed out that it has tested 53 samples, all of which have been proved negative. (Emerging Infectious Disease are listed in Category A on the CDC List of Critical Biological Agents) \*Non-suspect case

**CIGUATERA FISH POISONING (CHINA):** 13 June 2013, The Hong Kong Centre for Health Protection (CHP) of the Department of Health is investigating an incident of suspected ciguatera poisoning affecting 19 people who consumed a coral reef fish, according to a press release issued on Monday [10 Jun 2013]. According to health officials, the outbreak involved 14 men and 5 women, aged between 23 and 71 years, who developed symptoms of ciguatera poisoning including limb numbness and weakness, abdominal pain, perioral parasthesia [tingling around the mouth], skin itchiness, palpitation, diarrhea, and vomiting about 3 to 19 hours after eating a fish during lunch in a restaurant on Lamma Island on 8 Jun 2013. The South China Morning Post has identified the restaurant as the Wai Kee Sea Food Restaurant in Sok Kwu Wan. According to the US Centers for Disease Control and Prevention (CDC), ciguatera fish poisoning (or ciguatera) is an illness caused by eating fish (barracuda, black grouper, blackfin snapper, cubera snapper, dog snapper, greater amberjack, hogfish, horse-eye jack, king mackerel, and yellowfin grouper, among others) that contain toxins produced by a marine microalga called Gambierdiscus toxicus. People who have ciguatera may experience nausea, vomiting, and neurologic symptoms such as tingling fingers or toes. They also may find that cold things feel hot and hot things feel cold. Ciguatera has no cure. Symptoms usually go away in days or weeks, but can last for years. People who have ciguatera can be treated for their symptoms. According to a CHP spokesman, "The toxin cannot be destroyed by cooking" and "it is not easy to tell from the appearance of the fish whether it contains the toxin". The CHP offers the following advice to avoid ciguatera food poisoning:

- eat less coral reef fish;
  - eat small amounts of coral reef fish at any one meal and avoid having a whole fish feast in which all the dishes come from the same big coral reef fish;
  - avoid eating the head, skin, intestines and roe of coral reef fish, which usually have a higher concentration of toxins;
  - when eating coral reef fish, avoid consuming alcohol, peanuts or beans, as they may aggravate ciguatera poisoning;
  - seek medical treatment immediately should symptoms of ciguatera fish poisoning appear; and
  - coral reef fish should be purchased from reputable and licensed seafood shops. Do not buy the fish when the source is doubtful.
- (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**JAPANESE ENCEPHALITIS AND OTHER (INDIA):** 10 June 2013, The dreaded encephalitis, a mosquito-borne disease, has claimed the lives of over 20 children in Bihar, health officials have said. A 2 year old and an 11 year old have died of the disease in Bihar's Muzaffarpur district in the last 24 hours, taking the toll from the deadly disease in the past month to 20 in the state. More than a dozen have been admitted to hospitals in Muzaffarpur and other district headquarters, officials said on Thursday [6 Jun 2013]. "Both children died of suspected acute encephalitis syndrome [AES]," a district health official said [and] 2 days ago, a 5 year old and a 2 year old died due to AES, hours after they were admitted at the hospital in Muzaffarpur. Earlier this week [week of 3 Jun 2013], 4 children died of suspected AES at the Sri Krishna Medical College and Hospital and Kejriwal Hospital in Muzaffarpur, about 70 km [43 mi] from Patna. Alarmed by the number of children dying of AES in Muzaffarpur, a team of experts from the National Centre for Disease Control and CDS [communicable disease surveillance] have arrived in Muzaffarpur on Wednesday [5 Jun 2013] to identify the cause of the AES. "The team has begun studies to identify the cause," BN Jha, a district health official said. Most of the victims of AES belong to the poorest families, who are living without basic facilities such as safe drinking water, shelter, and food. According to health experts, AES is a severe case of encephalitis characterised

by inflammation of the brain. The effect on the patient's central nervous system results in fever and/or sudden onset of symptoms such as seizures, confusion, and disorientation. It can be caused by bacterial or viral infections of the brain, toxic substances, or complications of an infectious disease. (Viral Encephalitis is listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**SALMONELLOSIS (AUSTRALIA):** 09 June 2013, Victorian egg supplier is under investigation and one person has ongoing health issues following Canberra's largest salmonella outbreak, which has left health professionals "struck by the severity" of the symptoms and high infection rate. The outbreak, which affected 140 people and hospitalized 15 in mid-May 2013, was traced back to raw egg mayonnaise served at the Copa Brazilian restaurant in Dickson [Canberra]. But ACT [Australian Capital Territory] Chief Health Officer Dr. Paul Kelly confirmed on Wed 5 Jun 2013, that the focus had turned to an egg producer in Victoria who supplied eggs to the Copa. "We have actually sourced the eggs back to a supplier in Victoria, and our colleagues in Victoria have commenced an investigation of that particular place," Dr. Kelly said. "They've gone out to that particular farm, and there's been a veterinarian inspection. What normally happens there is that they also take some swabs and some eggs for the same sort of testing that we've done." He said the investigation into the outbreak was now looking to isolate the "molecular fingerprint" of the particular strain of salmonella using highly specialized lab work, which would then allow the authority to more definitively identify the likely source. Dr. Kelly said so far results were pointing towards Typhimurium phage type 170 as the specific bacterium, and clinicians at the territory's hospitals had told ACT Health they'd never seen an outbreak with such strong symptoms. "We were really struck by the severity of the symptoms and also the high attack rate -- almost everyone that ate there got sick," Dr Kelly said. Of those treated, all patients had diarrhea, but 94 per cent also had abdominal cramps, and 92 per cent had fever -- which Dr. Kelly said was "surprisingly high" and pointed towards a very large dose of the bacterium in the food. He also confirmed that one person had presented with ongoing joint issues as a result of the salmonella. "Hopefully that will resolve. Normally it does, but sometimes it doesn't, it continues. The thing is, just on probability, the more cases you have, the more likely you're going to have these quite rare ongoing events like this," he said. At the height of the investigation, ACT Health had up to 30 people working on the case at any given time. Workers contacted 194 diners, often more than once, for interviews that could last more than 30 minutes, and also conducted inspections at the restaurant, questioned the business owners and staff, and processed a large stream of data coming in about the infection. Dr. Kelly confirmed ACT Health was monitoring the Copa since it reopened about a week after the outbreak. He said the authority established a short period of increased inspections for the establishment, and so far had not discovered any issues. "They're fine. They'd done a complete refit before the incident, so there weren't any of that sort of hardware problems to fix," he said. "Really, it was just the raw eggs. I really wish people would just stop using them." Dr. Kelly said of 10 food poisoning outbreaks last year [2012], half were salmonella-related, and 4 of those were traced back to raw egg products. He would like to see a national approach to combating the issue. "At the moment there's no law against using raw eggs. There is a law under the Food Act in the ACT and in other jurisdictions about ... supplying unhealthy food to people. That is a breach of the law. I would argue that supplying food that has salmonella in it is pretty unhealthy," he said. Dr. Kelly said ACT Health would continue to work closely with suppliers and the ACT's 2,500 food establishments to find a solution. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

\*National and International Disease Reports are retrieved from <http://www.promedmail.org/>.

#### **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website:  
<http://preparedness.dhmm.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmm.maryland.gov/flusurvey>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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## Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

**Table: Text-based Syndrome Case Definitions and Associated Category A Conditions**

Syndrome	Definition	Category A Condition
Botulism-like	<p>ACUTE condition that may represent exposure to botulinum toxin</p> <p>ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy.</p> <p>ACUTE descending motor paralysis (including muscles of respiration)</p> <p>ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.</p>	Botulism
Hemorrhagic Illness	<p>SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola</p> <p>ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF</p> <p>ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria</p>	VHF
Lymphadenitis	<p>ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)</p>	Plague (Bubonic)
Localized Cutaneous Lesion	<p>SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia</p> <p>ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia</p> <p>INCLUDES insect bites</p> <p>EXCLUDES any lesion disseminated over the body or generalized rash</p> <p>EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease</p>	Anthrax (cutaneous) Tularemia
Gastrointestinal	<p>ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract</p> <p>SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis</p> <p>ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea</p> <p>EXCLUDES any chronic conditions such as inflammatory bowel syndrome</p>	Anthrax (gastrointestinal)

**Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents**  
(continued from previous page)

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Respiratory	<p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p>	<p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p>
Neurological	<p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p>	Not applicable
Rash	<p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person &gt; XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p>	Smallpox
Specific Infection	<p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p>	Not applicable

**Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents** (continued from previous page)

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Fever	<p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p>	Not applicable
Severe Illness or Death potentially due to infectious disease	<p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p>	Not applicable

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CENTERS FOR DISEASE CONTROL AND PREVENTION**

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